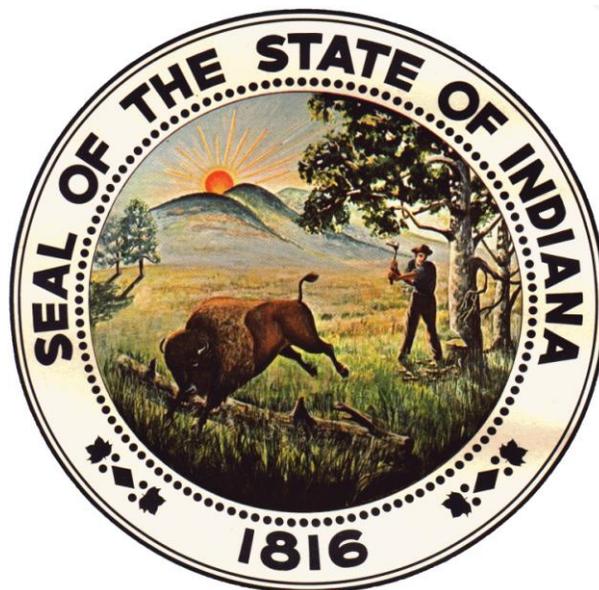


State of Indiana

**Department of Child Services
Ombudsman Bureau**



2011 Annual Report

Mission

The DCS Ombudsman Bureau effectively responds to complaints concerning DCS actions or omissions by providing problem resolution services and independent case reviews. The Bureau also provides recommendations to improve DCS service delivery and promote public confidence.

Guiding Principles

- A healthy family and supportive community serve the best interest of every child.
- Independence and impartiality characterize all Bureau practices and procedures.
- All Bureau operations reflect respect for parents' interest in being good parents and DCS professional's interest in implementing best practice.



STATE OF INDIANA

Mitchell E. Daniels Jr., Governor

DEPARTMENT OF ADMINISTRATION
Department of Child Services Ombudsman Bureau

402 West Washington St. Rm 479
Indianapolis, IN 46204
317-234-7361

January 31, 2012

The Honorable Mitch Daniels, Governor
The Honorable Speaker and President Pro Tem
James W. Payne, Director, Indiana Department of Child Services
Rob Wynkoop, Commissioner, Indiana Department of Administration

In accordance with my statutory responsibility as the Department of Child Services Ombudsman, I am pleased to submit the 2011 Annual Report for the Indiana Department of Child Services Ombudsman Bureau.

This report provides an overview of the activities of the office from January 1, 2011 to December 31, 2011 and includes information regarding program administration, case activity and outcomes. In addition, the report includes an analysis of the complaints received and investigated as well as the recommendations for positive changes provided to the Department of Child Services.

I want to express my appreciation for the leadership and support of Governor Daniels, Department of Child Services Director Payne and the Indiana State Legislature. It is also important to recognize the parents, relatives, professionals, foster parents and others who brought their concerns to our attention. I am honored to continue to serve the citizens of Indiana in the shared goal of protecting Indiana's children.

Respectfully,

Susan Hoppe, Director
DCS Ombudsman Bureau

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Executive Summary

Authority

The Department of Child Services (DCS) Ombudsman Bureau was established during 2009 by the Indiana Legislature to provide DCS oversight. IC 4-13-19 “gives the department of child services ombudsman the authority to receive, investigate, and attempt to resolve a complaint alleging that the department of child services, by an action or omission occurring on or after January 11, 2005, failed to protect the physical or mental health or safety of any child or failed to follow specific laws, rules, or written policies.” The law also provides the ombudsman the authority to evaluate the effectiveness of policies and procedures in general and provide recommendations. During 2011 the primary activity of the office was responding to complaints, recording findings and providing recommendations. When case findings were determined to have systemic implications, policies and procedures were reviewed and general recommendations were provided. This year the DCS Ombudsman Bureau responded to 516 Information and Referral inquiries, opened 109 cases and closed 115 cases, provided 26 case specific recommendations, and 13 general recommendations.

Administration

Location: The DCS Ombudsman Bureau is an independent agency housed in the Indiana Department of Administration (IDOA). IDOA provides office space, furnishings, equipment and utilities.

Staff/Resources: The Bureau consists of the Director and part-time assistant who is shared with the Department of Corrections Ombudsman. Legal consultation is provided as needed by a Deputy Attorney General. Technical assistance is provided by the IDOA MIS Director.

Budget: The Bureau was appropriated \$145,400 for the 2010/2011 fiscal year, which was allocated from the general fund. The majority of the expenditures were for personnel, with the remainder devoted to supportive services.

Program Development

Policies and Procedures: The Procedural Manual for the Bureau, located on the DCS Ombudsman website, was updated and expanded during December 2011.

Database Enhancements: The Information and Referral database was enhanced to record additional data and to include a reporting mechanism. The Case Information database was enhanced to include a contact log section.

Tracking and Reporting: This office continues to compile quarterly reports to document complaint/case activity each quarter and to track responses to recommendations. An additional component was added to the quarterly report, providing more details about Information and Referral activity.

Outreach: In an effort to increase public awareness of the office pursuant to IC 4-13-19-5 (a) (5), the Bureau launched a mailing campaign to introduce the office to various agencies and organizations that have contact with constituents and DCS. To date 300 letters have been sent and more are sent each month. In addition to the mailings, the Bureau participated as an exhibitor at the Indiana Prevent Child Abuse Conference and the Indiana Youth Conference during 2011. As required by statute, the ombudsman participates in the monthly meetings of the State Fatality Review Team, which is a legislatively mandated multidisciplinary team that reviews selected child fatality cases and provides recommendations.

Training: The ombudsman participated in a national meeting of child welfare ombuds hosted by the American Bar Association Center on Children and the Law, in which participants discussed the role of children's ombudsman offices and outlined useful systems of support and identified potential government, non-government, not-profit, academic and citizen partners. Additional training was received at the Annual United States Ombudsman Association Conference, which offered a variety of workshops to improve skills and increase best practice knowledge in the field.

Metrics: The office continues to track the turnaround time for responses to complaints, completions of reviews and investigations. The data indicates we have continued to meet the goals established for best practice.

Collaboration with DCS

Communication: The ombudsman has bi-weekly meetings with DCS Executive staff to discuss individual complaints, investigations, agency policies, programs, practice and recommendations. The ombudsman participated in a DCS workgroup to improve the Quality Assurance tool and is invited to participate in DCS trainings.

Information Access: DCS has provided the ombudsman office with access to all records on the Indiana Child Welfare Information System (ICWIS), in addition to the DCS reports available on the DCS intranet.

Fatalities/Near Fatalities: To ensure this office is aware of child fatalities/near fatalities with DCS history the Call Center forwards all such reports to the ombudsman office to track and/or assess for further review. In addition, the DCS Ombudsman provides consultation to DCS on internal reviews of critical incidences.

Other

The ombudsman is unable to draw any conclusions about the general status of children in Indiana pursuant to IC 4-13-19-10(b)(2), as the focus of the bureau has been on the complaint process. It is noted, however, that the Indiana Youth Institute annually publishes Kids Count in Indiana, a profile in child well-being data book, which provides data on the general status of children in Indiana.

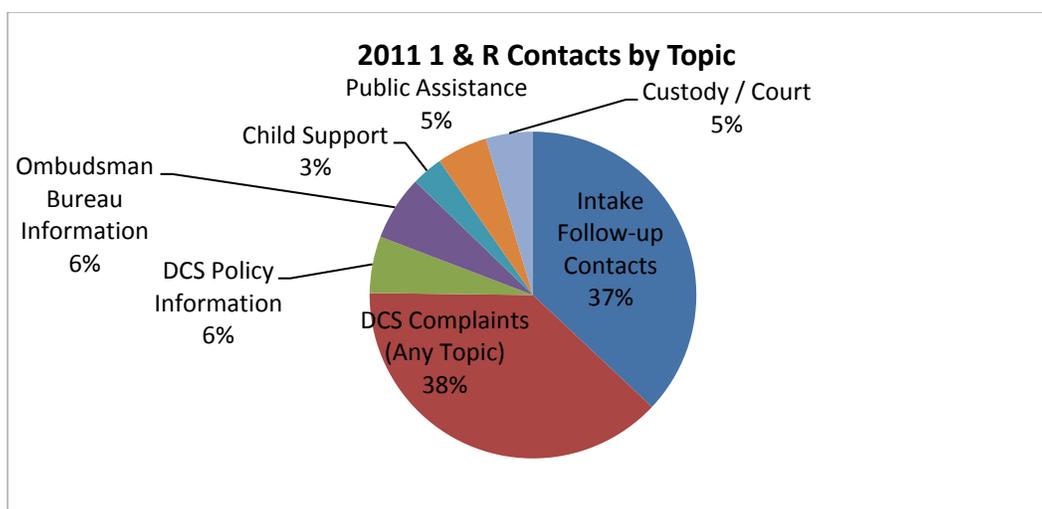
COMPLAINTS

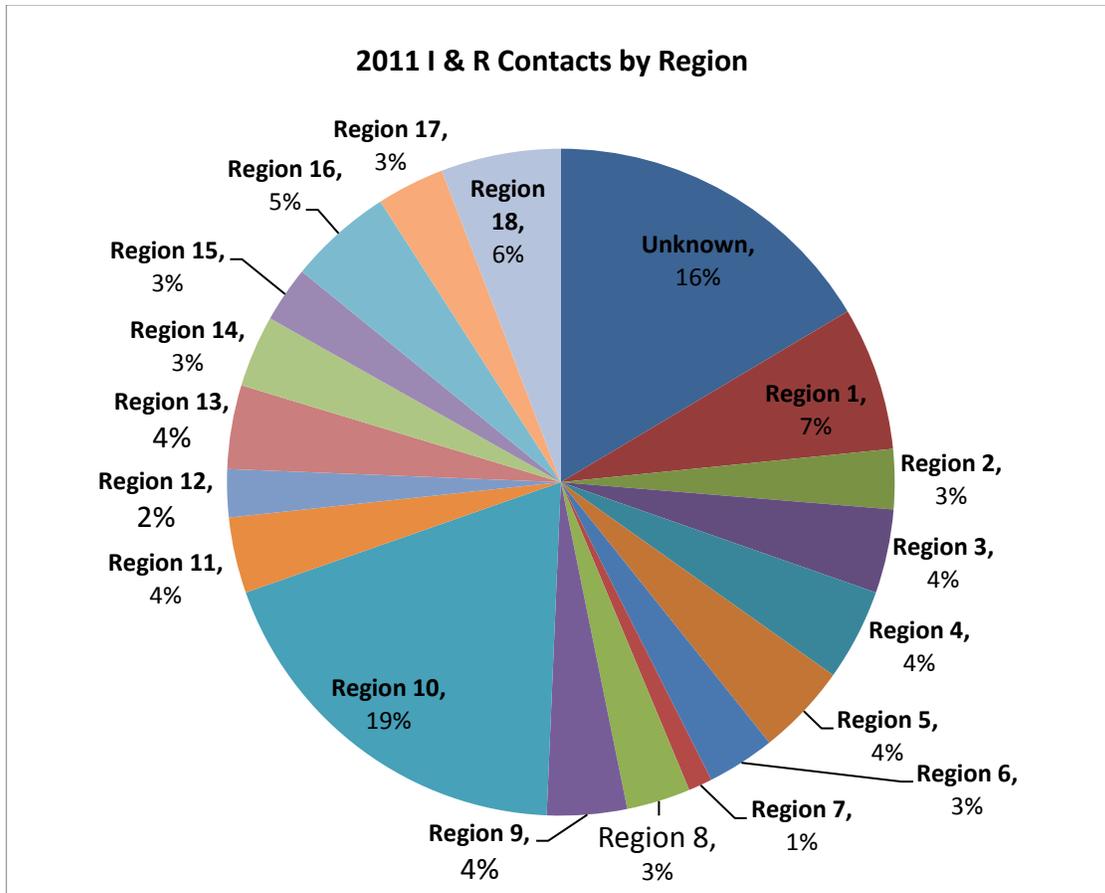
The Process Overview

Formal complaints are required to be submitted in writing on the DCS Ombudsman Bureau complaint form. However, the Bureau also receives a number of Information and Referral (I&R) Inquiries via telephone and email that do not result in an open case, but require a response. To track this service, pertinent information about the contact is recorded in the Information and Referral (I&R) contact log database. A case is opened when a complaint form is received. The complainant and DCS are notified of the receipt of the complaint and an intake assessment is made regarding the appropriate response. After the initial assessment, a variety of responses are possible. The ombudsman may initiate an investigation, resolve and/or refer after a thorough review, refer the case back to DCS, refer to Child Protection Team (CPT), file a Child Abuse/Neglect Report, decline to take further action, or close the case if the complainant requests to withdraw the complaint. The complainant and DCS are informed in writing of the findings when a validity determination is made or of the disposition if the case did not generate a validity determination. If a case is investigated, a detailed report is completed and forwarded to DCS and complainant if they are a parent, guardian, custodian, Court or Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL). Other complainants receive a general summary of the findings. If a complaint was determined to have merit, recommendations are provided to address the issue, and DCS provides a response to the recommendations. The flowchart in Attachment A illustrates this process.

Information and Referral Inquiries

The office received 516 I & R Inquires during 2011, an increase of 152 from 2010. This activity has proved to be a valued service by constituents. Providing complainants with education regarding the DCS process and/or contact information for DCS staff is often the first step in a successful resolution. The graphs below illustrate the topics of inquiry and Region of origin.





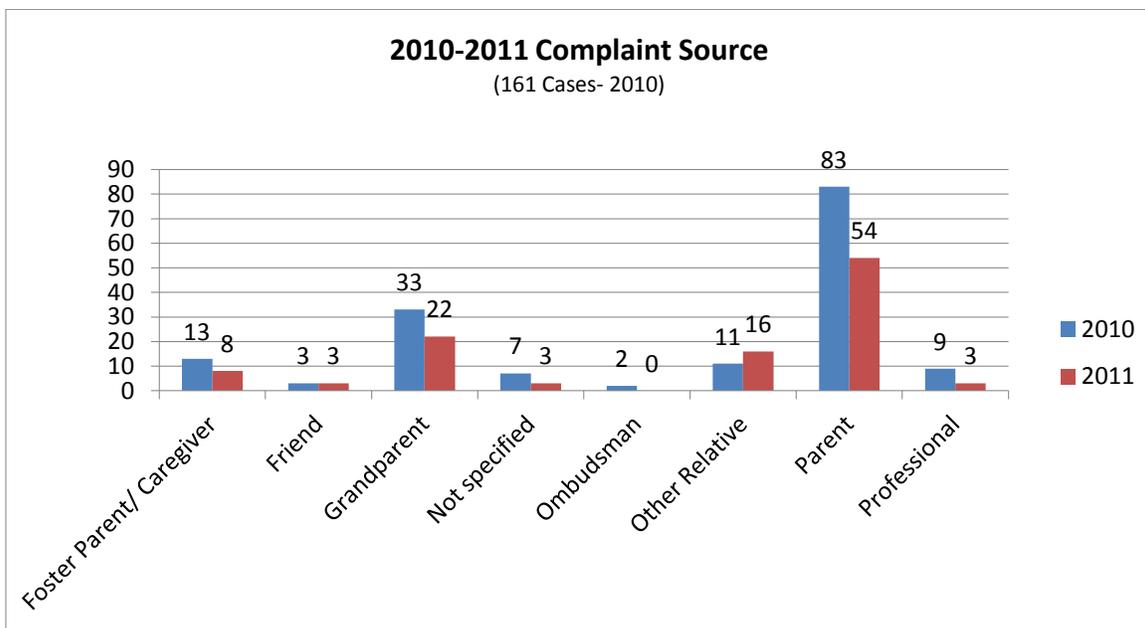
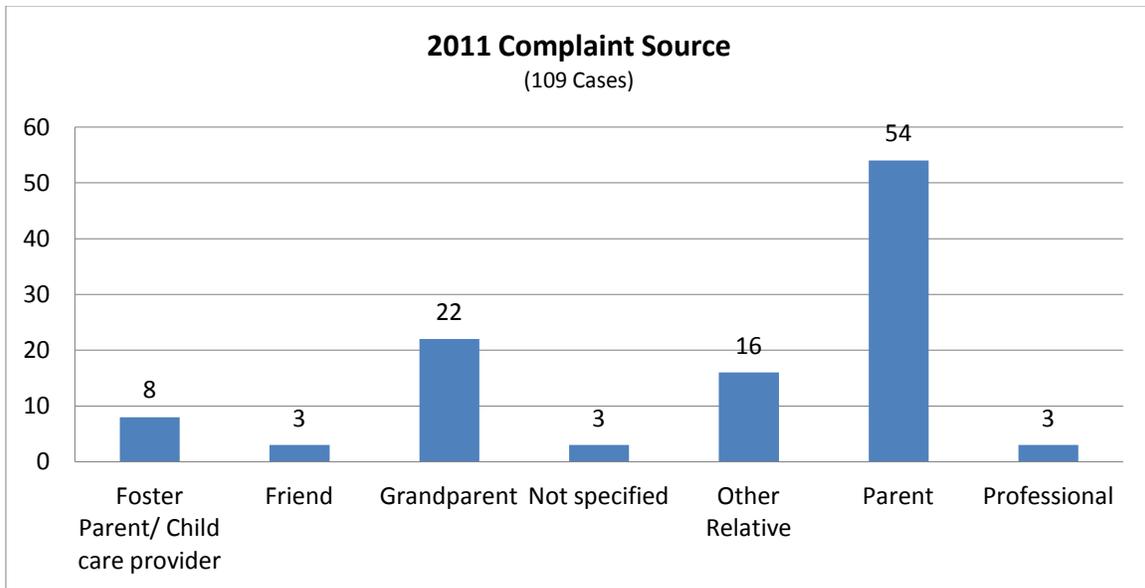
Based on the above there was not a substantial change in the topics of inquiry between 2010 and 2011, and the Bureau did not track I & R inquiries by region during 2010. It is speculated that the reason for the increase in the volume of the inquiries was due to an increased awareness about the office and an improved tracking system. The location of the regions are illustrated in Attachment B.

Formal Complaints

During 2011 109 cases were opened and 115 cases were closed, and a total of 120 cases were active during the year. During 2010 161 cases were opened and 150 were closed, for a total of 161 active cases during the year. This is a decrease of 40 from the cases that were serviced during 2010. While this number may appear significant, it can best be explained by the increase in the number I & R contacts that were able to be resolved at the intake level without opening a case. This is attributed to the fine-tuning of the intake process, and the stability and increased skill level of the assistant. Consequently, the cases that were opened were more likely to require a more in depth ombudsman intervention.

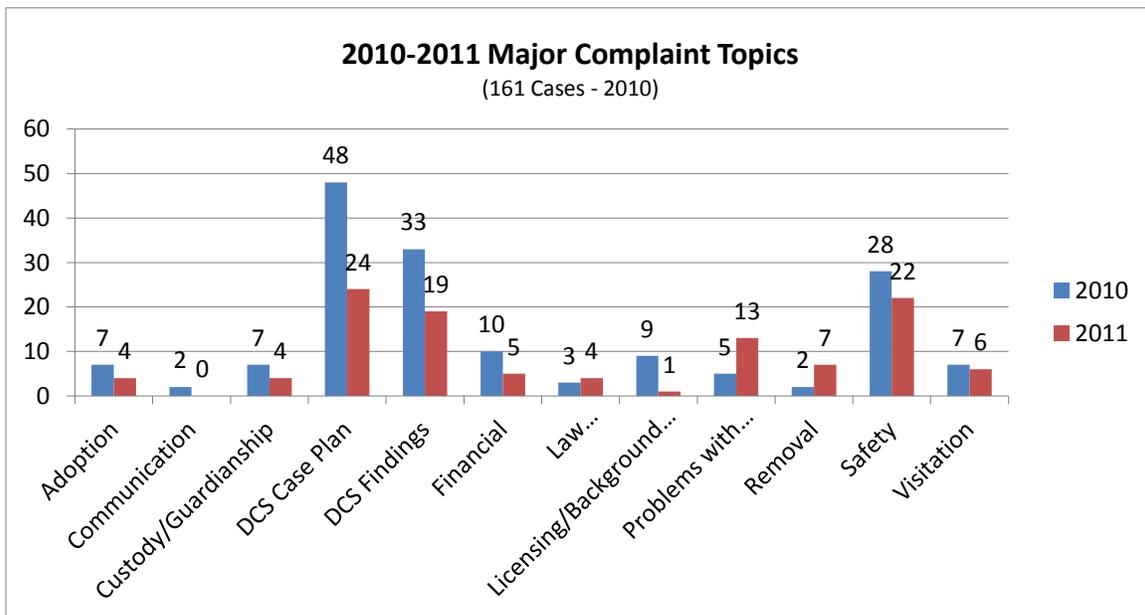
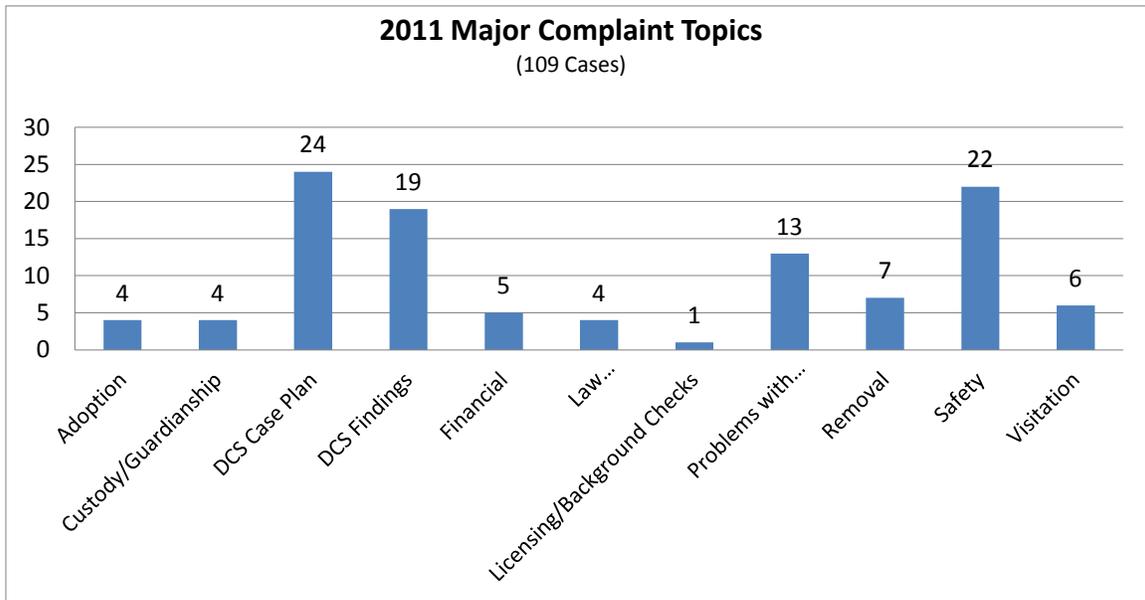
Complaint Source

Except as necessary to investigate and resolve a complaint, the complainant's identity is confidential without the complainant's written consent. The complainant is given the opportunity to provide written consent on the complaint form. During 2011 the parents continued to make up the greatest share of complainants followed by grandparents. This was similar to the profile of the complainants during 2010.



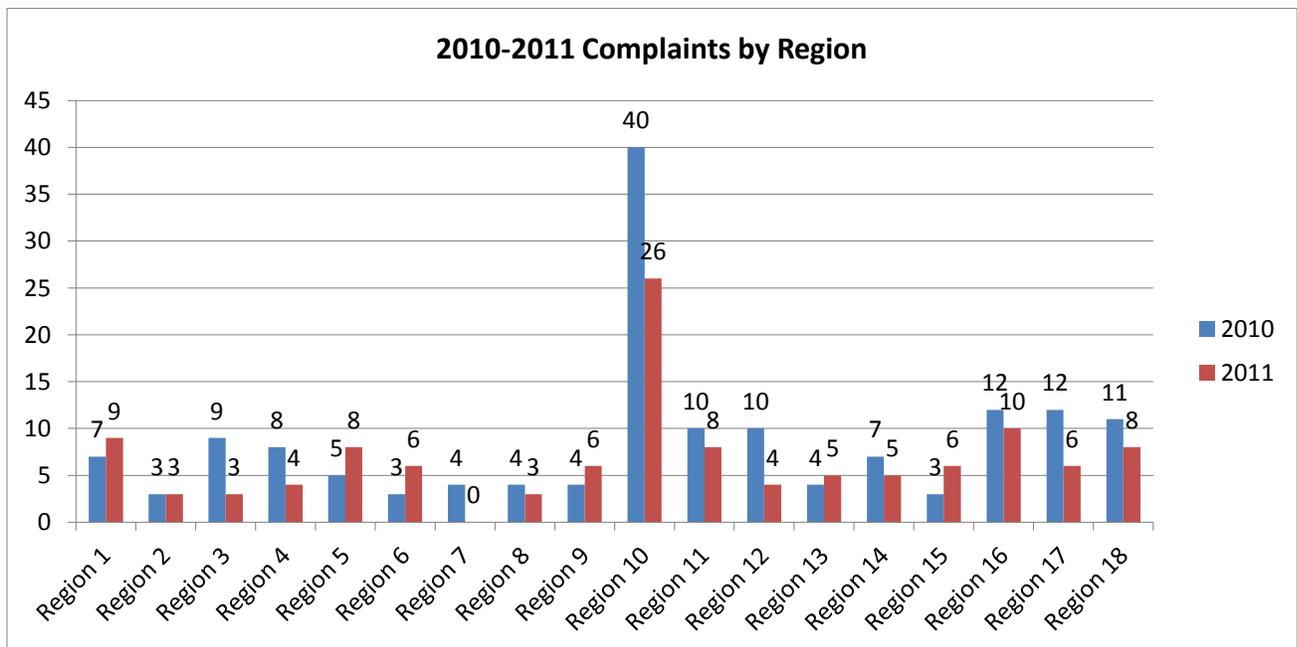
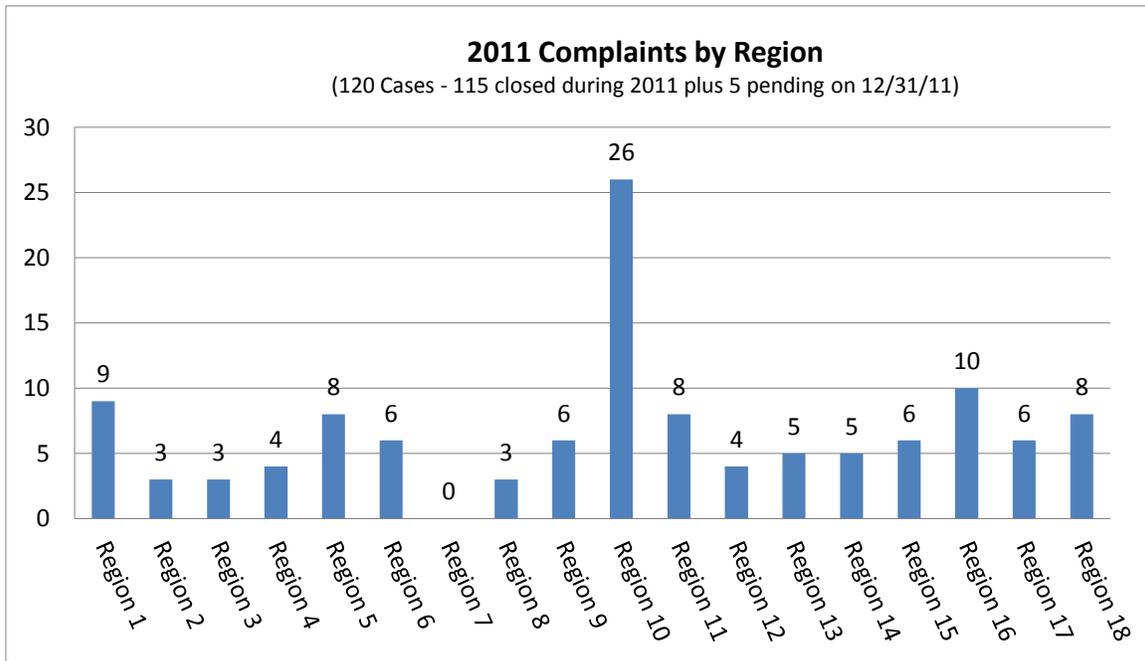
Complaint Topics

Over half of the complaints concerned the DCS case plan, DCS findings or child safety. This is similar to the findings during 2010, with the exception of the percentage of complaints regarding the DCS Case Plan. During 2010, this topic comprised 30% of the complaints, whereas in 2011, this topic comprised 22% of the complaints.



Complaints by Region

As DCS is organized in Regions, the DCS Ombudsman Bureau tracks contacts and cases accordingly. Region 10 continued to have the most complaints, but the percentage decreased by 3% during 2011. It is likely that the volume of complaints in Region 10 is a function of population and the increased awareness of the ombudsman office in this region.



Response Categories

When a complaint is filed with the office, a case is opened and a preliminary review is completed to determine the appropriate response. A variety of responses are possible depending on case specifics. Following is a description of each type of response:

Review/Refer or Resolve: This type of response involves a comprehensive review of the case file and documentation provided by the complainant. The local office provides additional documentation requested and responds to ombudsman questions. Other professionals are contacted for information as needed. While the review is thorough, the focus is on providing a resolution or a strategy that can assist with a resolution. Depending on the circumstances in each case, some cases that are reviewed receive a validity determination and others do not. In either case the complainant and DCS are notified of the findings in writing. A major portion of the complaints received fall into this category.

Investigate: An investigation also involves a review of the case files and documentation provided by the complainant. As needed, DCS staff involved with the case, in addition to the (CASA/GAL) and service providers are interviewed. Case specific laws, rules and written policies are researched. Experts are consulted if needed. Complaints that result in an investigation tend to have multiple allegations with little indication that a resolution is likely. Upon the completion of an investigation, an investigation report is submitted describing in detail the findings of fact regarding each allegation and a determination of the merit of each allegation in the complaint. The report is provided to DCS and the complainant if they are a parent, guardian, custodian, GAL/CASA or Court. If the complainant is not one of the above they are provided a summary of the findings in general terms. Approximately 16 % of the cases during 2011 resulted in investigations, which is similar to the prior year.

Refer Back to the Local DCS: The ombudsman requires that complainants attempt to resolve their issues with the local office through the DCS internal complaint process prior to filing a complaint with the Bureau. On occasion it is discovered during the intake assessment that the complainant overlooked this step and failed to address his/her concerns with the local office before filing the complaint. These cases are referred back to the local office. Appropriate contact information is provided. The complainant may reactivate the complaint if a resolution is not reached.

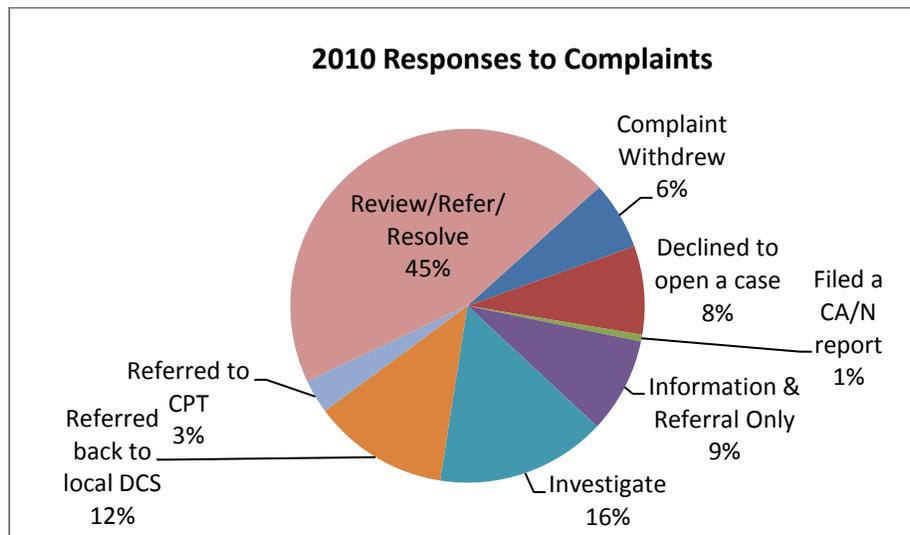
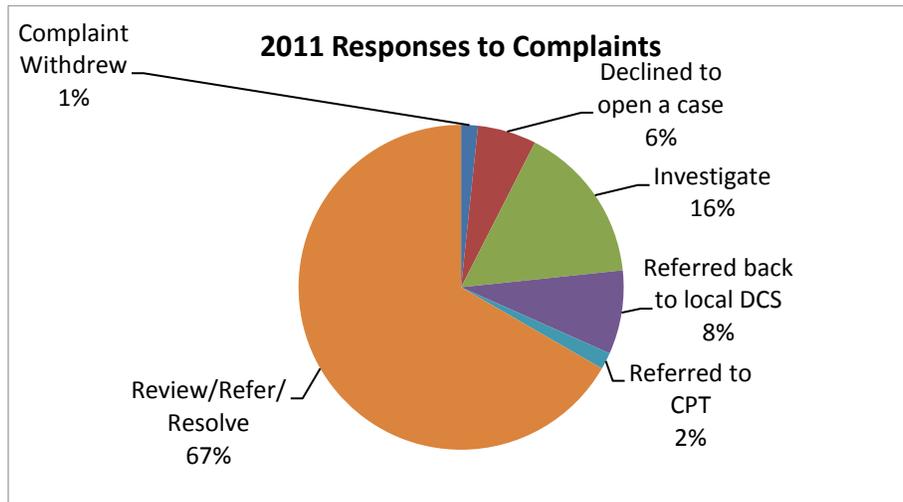
Close due to Complainant Withdrawal: Some cases have been closed prior to completion because the complainant decides to withdraw the complaint during the process.

Decline: Cases that are not within the ombudsman jurisdiction or appear vexatious in nature are declined.

Refer to Child Protection Team: The ombudsman has the option of seeking assistance from the local Child Protection Team (CPT) and may refer cases to the team for review.

File a Child Abuse Neglect (CA/N) Report: In the event the information disclosed in the complaint to the ombudsman contains unreported CA/N, a report is made to the child abuse hotline. This is not a frequent occurrence.

The following graphs illustrate the % of each type of response:



It is noted the same percentage of cases were Investigated during 2011 as during 2010, but the percentage of cases that were Reviewed/Referred/Resolved increased substantially. Based on the above this appears to be due to the fact the responses in the other categories declined and of the change in the way the Information and Referral Inquiries are managed and recorded.

Complaint Validity

The standard for determining the validity of the complaint is outlined in the statute. If it is determined DCS failed “to protect the physical or mental health or safety of any child or failed to follow specific laws, rules, or written policies”, a complaint is considered valid. All investigations generate a validity finding, but all reviewed cases do not, depending on the specific case circumstances. When determining the merit of a complaint, the following designations are applied.

Merit: When the primary allegation in the complaint is determined to be valid following a review or an investigation, the complaint is said to have merit.

Non-Merit: When the primary allegation in the complaint is determined not to be valid following a review or investigation, the complaint is said not to have merit.

Both Merit and Non-Merit: When there are multiple allegations, each allegation is given a separate finding. This designation is applied when some allegations have merit and others do not.

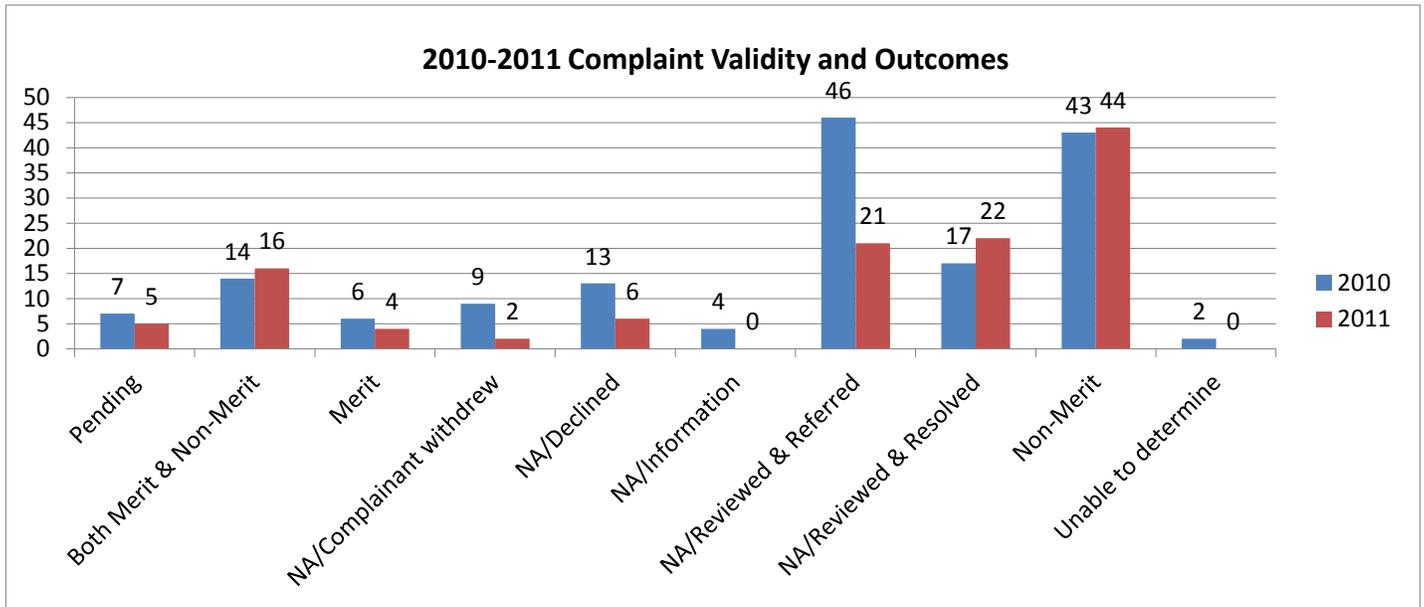
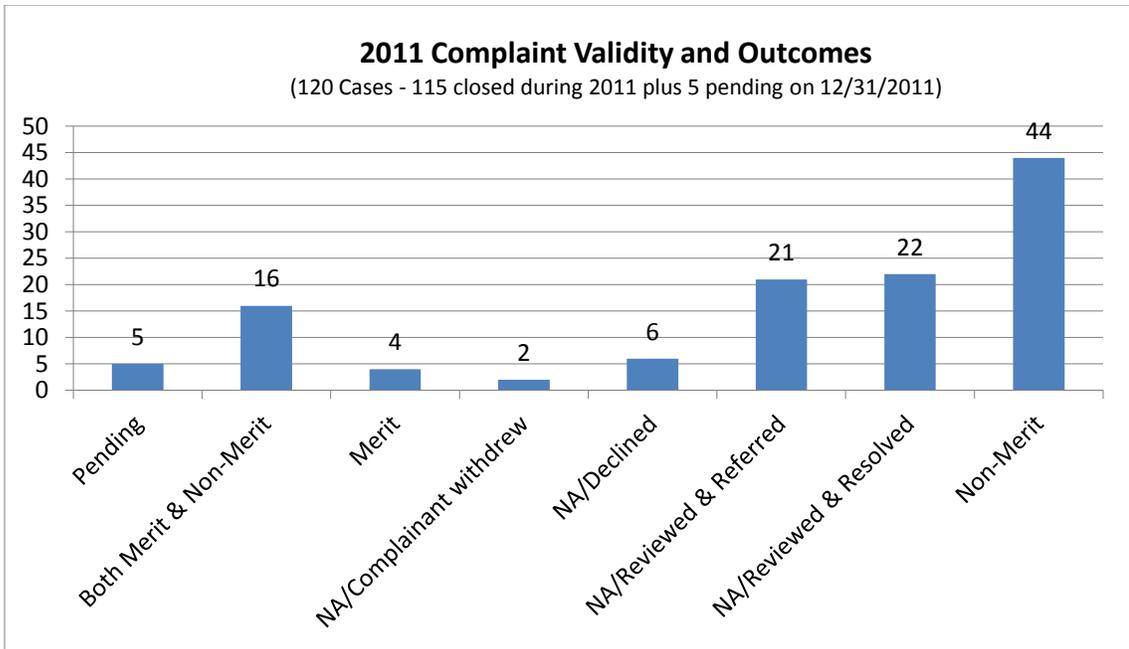
Not Applicable (NA): During 2011 the Bureau received a number of cases which involved a review and/or consultation, but a validity finding was not determined. The findings of these cases are recorded in the categories below:

- NA/Complainant Withdrew
- NA/Case Declined
- NA/Information Provided
- NA/Reviewed & Referred
- NA/Reviewed & Resolved

Unable to Determine: Occasionally the information uncovered is so conflicting that it is not possible to determine validity and/or the documentation to confirm or refute the allegations is not available.

Outcomes

During 2011 validity designations were determined in 64 cases. Of these 64 cases, 4 were determined to have merit, 16 had allegations that were both merit and non-merit, and 44 were determined not to have merit. Thus 31% of these cases involved an allegation that was determined to have merit, and 69% did not have merit. During 2010 63 cases received validity designations. Of these cases, 6 were determined to have merit, 14 had allegations that were both merit and non-merit, and 43 were determined not to have merit. Thus during 2010 32% of the 63 cases involved an allegation that had merit, and 69% did not have merit. Based on the above the outcomes for 2010 and 2011 are quite similar. Following are graphs that provide a further illustration of the outcomes.



Recommendations and DCS Responses

During 2011 the ombudsman offered 26 recommendations on specific cases following a review or an investigation and 12 general recommendations with systemic implications.

Case specific recommendations: Pursuant to IC 4-13-19-5 (f), "If after reviewing a complaint or conducting an investigation and considering the response of an agency, facility, or program and any other pertinent material, the office of the department of child services ombudsman determines that the complaint has merit or the investigation reveals a problem, the ombudsman may recommend that the agency, facility, or program:

- (1) consider the matter further;
- (2) modify or cancel its actions;
- (3) alter a rule, order, or internal policy; or
- (4) explain more fully the action in question.

DCS is required to respond to the recommendations within a reasonable time, and the Bureau has established 60 days for the response time frame. The following example case summaries include cases in which the allegations were determined to have merit and recommendations were provided and responses received during 2011.

Case Example # 1: In this case it was alleged that DCS failed to conduct a thorough assessment per policy with regard to the following: timeliness, failure to address all the allegations in the report, failure to gather appropriate background/collateral information, and the timeliness of the drug screen.

Findings: The allegations regarding the failure to address all the allegations in the report and the failure to gather appropriate background/collateral information was determined to have merit.

Recommendation: It was recommended the local office staff review Chapter 4 of the Child Welfare Manual on Assessments and discuss the requirements for thorough assessments at staff meetings.

Response: The Local Office Director reported staff meetings are held twice per month, and a section of Chapter 4 will be reviewed and highlighted at each meeting. Specific agenda items included contacting the report source, naming witnesses and interviewing parties separately. The ombudsman was subsequently notified that when another report was received on this same family, the assessment was conducted according to policy resulting in a DCS intervention.

Case Example # 2: In this case it was alleged that DCS failed to comply with policy regarding relative placement and sibling contact when the child was placed in foster care instead of with a relative who already had adopted three siblings.

Findings: This complaint was determined to have merit because the local office did not initiate contact with the relative regarding placement or contact with siblings. They also failed to implement a concurrent plan at the Child and Family Team Meeting, which was determined to

be appropriate in this case. Instead DCS signed consents for the foster parents to adopt. DCS admittedly failed to facilitate sibling and relative contact as they should have, and upon realization attempted to remedy this by filing a motion to rescind the consents. The motion was denied. The relative began to have visitation, but the matter was now in the hands of the Court. It is noted that this case involved three different counties, which is suspected to have been a factor in the management of the case.

Recommendation: Based on the fact that when DCS became aware of the failure to engage the relative per policy an attempt was made to remedy the matter, is indicative of an effort to resolve the problem. Therefore the local office was asked to provide steps that will be taken in the future to ensure relative engagement.

Response: DCS reported the case has been reviewed at length by the participating counties to determine what could have been done differently. As a result each case will be teamed to ensure Family Team Meetings are occurring at critical transitions and include all agenda items. The policies with regard to the Child and Family Team Meeting process, relative/sibling placement and concurrent planning were reviewed at the Management meeting and this information was conveyed to local staff. In an effort to make the best decision regarding this case considering the current status, the relative was given extensive visitation and bonding assessments were scheduled for each caregiver. The contested adoption would be subsequently decided by the Court.

Case Example # 3: In this case it was alleged that DCS failed to follow policy by allowing the children to be placed in another state without an Interstate Compact on the Placement of Children (ICPC), that DCS failed to have the fact finding hearing in a timely manner, that the father was not being considered for placement, and that the guardians with whom the children had been placed were not providing appropriate supervision and medical care.

Findings: The above allegations were determined to have merit, with the exception that DCS failed to consider the father for placement. The father resides in Texas and was advised to initiate an ICPC. DCS did not object to the Court sending the children to another state without an ICPC as instructed in policy. The fact finding was not scheduled in the appropriate time frame. The guardians failed to notify DCS when the children were in the care of another family and were unable to provide medical care due to Medicaid eligibility issues. As it turns out, the out-of-state placement failed and the children returned to Indiana.

Recommendation: This case generated a general recommendation regarding DCS's response when a Court orders an out-of-state placement without an ICPC, which will be included in the following section of this report. It was recommended the children have a medical evaluation and that counseling be initiated upon their return to Indiana. Due to the fact the case circumstances prevented progress in case planning and service initiation, a case conference and CFTM meeting was recommended to reestablish goals and direction in this case.

Response: Efforts were made to reschedule the fact finding, but due to circumstances out of the control of DCS, it did not happen for another three months. The children had medical, dental and vision exams and counseling was immediately initiated. CFTMs were held monthly since the children's return, and an ICPC was initiated for the children's father.

Case Example #4: In this case it was alleged that the Call Center screened out a report that should have been assigned.

Findings: Upon review it appeared that this report met legal sufficiency and should have been assigned.

Recommendation: DCS was asked to review this screen-out again as it appeared to have legal sufficiency.

Response: Upon review DCS determined the report should not have been screened out and the report was assigned for Assessment. This information was disseminated to Call Center Staff for educational purposes.

Case Example #5: In this case it was alleged that the findings on a daycare provider were unjustly substantiated and DCS sent the notice informing the provider of the administrative review process to the wrong address; therefore denying the provider the opportunity to present her case.

Findings: A review of the DCS findings revealed the substantiation determination appeared to be questionable, and the documentation confirmed the information for the administrative review was sent to the wrong address.

Recommendation: The circumstances were explained to the Local Office Director, and the Director was asked to review the Assessment to evaluate the findings.

Response: Upon DCS review, it was determined that the allegations should not have been substantiated and the findings were reversed.

Case Example #6: In this case it was alleged that DCS was placing the child at risk by planning a speedy reunification while the parents were still demonstrating substance abuse issues and residing in a shelter.

Findings: Although the parents were compliant with services, this office saw the benefit of a more gradual transitional plan due to some questionable drug screens and the parents' living circumstances.

Recommendation: The local Child Protection Team (CPT) was asked to provide oversight in this matter and assist the department in developing a transitional plan that took into account the length of time the parents were able to remain drug free.

Response: CPT met with DCS and a plan was developed. However, the parents were subsequently arrested, and the Case Plan was changed from Reunification to Adoption, supporting the validity of the original complaint.

Case Example #7: In this case it was alleged that DCS removed a child from a foster home without just cause and failed to explain the reason. The complainant believed this was not in the child's best interest and further alleged case mismanagement because service referrals and home visits were not executed in a timely manner.

Findings: This scenario brought to attention that there was no DCS policy addressing non-emergent removals of children from foster care that do not involve a Court order. Policy does state that Foster parents are to be given a 14-day notice, which did not occur in this case. While it was determined that the reason for removal was made in good faith, the manner left room for improvement. It was also determined that the Family Case Manager and Foster Care

Specialist did not visit the home per policy and the referrals for sibling therapy, which were identified as necessary to support the long range goal of placing the siblings together, were not executed in a timely manner.

Recommendation: This case also generated a general recommendation to be addressed in the following section. It was recommended that DCS staff the case to determine if continued contact will be allowed between the child and the foster parents, and then to meet with the foster parents to clarify the reason for removal and the plan for continued contact. It was also recommended that staff be issued a reminder regarding the importance of compliance with Child Welfare Manual Chapter 8.10 regarding the minimum contact requirements, and that a local procedure be implemented for ensuring timely service referrals.

Response: The local office developed a plan of education about and implementation of the policies pertaining to staff contact requirements and timely service referrals. A new tracking system was developed to address service referral timeliness. The local office scheduled a meeting to discuss the reason for removal and future contact with the foster parents.

Case Example #8: In this case it was alleged that DCS failed to follow through with the stated plan for filing a CHINS if the parents violated the safety plan, placing the child at risk.

Findings: A review of this matter revealed the Family Case Manager erroneously stated that a CHINS would be filed if the safety plan was violated because the allegations in the report were unsubstantiated. However, it was learned that a CHINS petition was filed, but denied by the Court. It appears the local office became aware of this prior to the complaint to this office and took action. DCS reported the worker was instructed that this language was inappropriate and an entry was submitted in the fact files of the Family Case Manager (FCM) and Family Case Manager Supervisor (FCMS). Subsequently, a new abuse/neglect report was filed.

Recommendation: It was recommended the local office director review the Assessment findings on the most recent report to ensure the problems that occurred during the first report were not repeated. The local office was also asked to address the practice of filing a CHINS on unsubstantiated findings.

Response: The ombudsman reviewed the results of the second report which was investigated by a different FCM and found the Assessment to be exceptionally thorough; the complainant voiced satisfaction with this report as well. The local office instituted a protocol calling for second party review by Division Manager or Director of Assessments in which a CHINS has been filed and findings unsubstantiated. The purpose of the second party review would be to determine whether the outcome of the Assessment is appropriate based on the facts presented.

General Recommendations

Pursuant to IC 4-13-19-5(b) (2), (4) and (6), the ombudsman may also review relevant policies and procedures with a view toward the safety and welfare of children, recommend changes in procedures for investigating reports of abuse and neglect and overseeing the welfare of children who are under the jurisdiction of a juvenile court, and examine policies and procedures and evaluate the effectiveness of the child protection system. Each quarter general recommendations are provided to DCS regarding systemic issues. During 2010 fifteen such

recommendations were offered. During 2011 thirteen recommendations were offered. Following is a summary of these recommendations and responses from the last quarter of 2010 through the third quarter of 2011, in addition to the recommendations provided during the 2011 fourth quarter, in which the responses remain pending. The recommendations are based on information derived from the volumes of information reviewed in the course of case reviews and investigations with systemic implications, in addition to information gleaned from various DCS reports and discussions with community partners.

2010

Recommendation # 13: It was recommended DCS provide further guidance to staff regarding the role/responsibility of DCS when the family develops a plan during the CFTM process that, according to best practice and/or the training and expertise of DCS professionals, does not appear to be in the child's best interest or sustainable. While this office recognizes the family's role in decision making is central to the Practice Model, DCS's guidance to ensure the plan is the best plan to meet the child's needs and to ensure safe, sustainable case closure is also an important role.

Response: The DCS Practice Model provides for each FCM to consider the safety, permanency and well-being of the child as part of the engaging and teaming process and are considered non-negotiables within that process. FCMs and all staff are trained to specifically address these items as they facilitate the CFTM. In CHINS cases where DCS staff disagrees with the recommendation made by the family team, the local office presents the CFTM recommendation as well as the DCS recommendation to the court for potential resolution. Additionally while the CFTM process is very consistent in terms of practice statewide the decisions will never be consistent as they are unique to each family's needs. As stated above, the standard agenda of the team meetings statewide includes both an item for non-negotiable items and an item focusing on what could go wrong with the plan and what concurrent options exist. Previous ombudsman reports have suggested that we emphasize with staff the importance of fully exploring the latter item and that has been a topic at several management meetings since the report. Additionally, DCS has begun a statewide training on protective factors which will continue to enhance workers' skills at determining parents' capacities to protect their children. This too will work in concert with the Practice Model and CFTMs to generate unique solutions to individual family solutions. As a result of the ombudsman's recommendations, the DCS Field Operations Deputy will reinforce with management staff that all family driven plans must be reasonable, sustainable and protect the safety, permanency and well-being of the child, which is the foundation of our practice model.

Recommendation #14: A significant amount of cases reviewed involved substance abuse issues. Among those cases a wide variety of DCS responses were observed with regard to the degree of sobriety and participation in services that was required prior to recommending unsupervised parenting time, a Trial Home Visit (THV), an Informal Adjustment (IA) and/or reunification. It was recommended DCS evaluate the appropriateness of Informal Adjustments (IA's) in cases of serious substance abuse, and consider the question of at what point in recovery can parents be expected to provide a safe environment and appropriate parenting.

Following discussion and resolution of these questions policy should be developed and training provided to staff.

Response: Substance abuse is a common problem in many DCS cases and DCS continues to explore these vision alignment issues in future management meetings in order to provide consistency statewide. Partnerships with Community Mental Health Centers, a new team of DCS Clinicians, and the protective factor training mentioned in the response above should assist in providing new tools for Family Case Managers to use in formulating appropriate case plans. Additionally DCS will continue to emphasize the “What can go wrong?” section of the CFTM agenda as suggested in an earlier recommendation from the Ombudsman.

Recommendation #15: Per policy parental and the local office director’s consent is required before DCS can administer psychotropic medications to children in care. Furthermore, DCS Policy states that DCS should seek a second opinion when a physician prescribes more than 5 psychotropic medications, antidepressants for children under four and/or psycho stimulants for children under 3. These cases should also be considered for additional review. Based on a variety of practices observed with regard to this issue, DCS staff appeared to be confused about this policy. It was recommended DCS issue a reminder to staff of the policy in Chapter 8, Section 30 and reinforce compliance.

Response: DCS will issue an ICWIS “Tip of the Day” to all staff regarding the policy concerning psychotropic medications. Additionally a Computer Assisted Training (CAT) was created by Staff Development on this same topic. The reminder will include the CAT information. Last DCS will soon have a team of clinicians who will be able to assist FCMs in determining appropriate use of psychotropic medications as well as evaluating the behavioral and mental health needs of our wards.

2011

Recommendation #1: It is recommended clarification be provided regarding the appropriate response for DCS when the Court orders an out-of-state placement without an ICPC. Current policy states that DCS should object and consult with Central Office legal for further guidance when this occurs. In the process of investigating a complaint regarding this matter, the question was posed as to what constitutes an objection to be compliant with policy. In the particular case reviewed, the children’s out-of-state placement failed, and, in retrospect, turned out to be not in their best interest. Considering the above, it is recommended DCS revisit this policy to consider revision.

Response: DCS feels the policy is adequate as to the proper procedure but will clarify to field staff and local office attorneys that an “objection” requires that a formal objection must appear on the record in order to officially document any objection related to ICPC initiation or enforcement.

Recommendation #2: It is recommended a procedure be developed to identify the custodial parent at Intake to ensure the Assessment FCM seeks permission to interview the children from the appropriate parent.

Response: All intakes are now completed by the centralized Hotline and the Hotline Intake

Specialists have been trained to inquire from the report source as to which if any parents are present in the home, which ones are absent, and who has legal custody. The Hotline has been attempting to routinely gather this information. Legal custody issues are often unknown to reporters and can be challenging to determine even for the Assessment FCMs who have more time to do so. Additionally DCS views the custodian – the party from whom the FCM must get permission to interview the child - as the person with whom the child is residing at the time of the report. It is further complicated when the custodian is not the parent. Verifying legal custody is important and helpful to field staff completing the Assessment, but the lack of this information does not deter the Assessment. Additionally Hotline staff researches the ICWIS and ICES system to obtain as much info as possible on household compositions and relationships.

Recommendation #3: This office has reviewed several complaints from resource families regarding DCS’s decision to remove a child from the home for reasons other than those identified in the manual (Child Abuse/Neglect, Relative Placement, Sibling Placement etc.). There appears to be confusion and inconsistency as to the roles of the Licensing Specialist and the DCS FCM when there are issues with a resource family. In addition, it is unclear if CFTMs should be utilized to address these placement issues. There did not appear to be a current policy regarding this matter. It is recommended DCS provide additional guidance for staff regarding the steps, procedure and roles of the professionals when there are concerns about a resource home placement.

Response: Policy, Licensing, and our Foster Care Manager are currently meeting to update Chapter 12 including the process by which foster parents can object to a placement change suggested by DCS for non-emergency reasons. This is also part of a broader review of the foster parent resource guide to ensure that it aligns with policy. Additionally foster care specialists and licensing staff have submitted numerous suggestions to update the resource manual. Subsequently a Foster Parent Provider Manual has been completed and has been posted on the DCS Website.

Recommendation #4: A review of the statewide compliance statistics regarding initiation of Assessment timeliness revealed this was a statewide challenge. It is recommended DCS continue to examine this issue to identify barriers, support compliance and develop a plan to address this accordingly.

Response: As a part of the CFSR Program Improvement Plan, DCS has recently reviewed the policy on timely initiation of an Assessment and has changed the definition to match the national NCANDS definition. Timely initiation will be defined as follows: "Initiation is defined as the time between the end of a call to the Central Intake alleging maltreatment and face-to-face contact with the alleged victim (when appropriate), or contact with another person (other than the alleged perpetrator) who can provide information on the allegation(s)." This will lead to consistency in the manner in which DCS tracks timeliness through the QAR process performed by the supervisors. The previous definition of initiation mixed elements of safety and

Assessment with initiation leading to a variation in the responses scored by the reviewers. FCMs were required to meet the 1 hour/24 hour/7 day timeframe, see the child, see or speak to the parent, and assure the safety of the child. The new definition separates "initiation" from "assessing safety". DCS will continue to track initiation using the definition above once policy has been revised and expects to see improvement. Current data suggests that the vast majority of Assessments are already initiated timely using the NCANDS definition.

Recommendation #5: With the passage of the legislation allowing the CHINS Court to have jurisdiction over custody matters during the duration of the CHINS, it is the hope that this change will move the child to permanence more quickly. It is recommended DCS review the impact of this new legislation in terms of how this might affect case planning, reunification and permanency and provide guidance accordingly.

Response: DCS General Counsel recently spoke to all of the DCS Supervisors during the statewide supervisor conference in June 2011 concerning this helpful new legislation. General Counsel also attends the Regional Manager bi-weekly meetings where this is a periodic agenda item. It is anticipated that giving the CHINS court jurisdiction over custody matters will remove one of the significant barriers to permanency when existing detrimental custody orders exist.

Recommendation #6: It was recommended that the adoption policies regarding the process for negotiating subsidies be updated to reflect the operational changes that have occurred since 2009.

Response: DCS reported Practice Support is currently working on Chapter 10 of the Child Welfare Manual and adoption subsidy negotiation is part of that chapter. A draft of this particular section is scheduled for internal review by October 31, 2011; the final product is pending. In terms of additional guidance, DCS is in the preliminary stages of drafting administrative rules to govern adoption subsidies. DCS will propose some form of dispute resolution process for disputes in subsidy amount which would be available post-adoption decree. DCS stated, "We would hope to never have to employ such a process; however, we believe developing such a process is better than unnecessarily prolonging the adoption process as a result of an impasse."

Recommendation #7 Prospective foster/adoptive parents are required to have a background check and a CPI check. However, this does not always detect a history of involvement in high conflict or domestic violence situations. By inquiring if there has ever been a Protective Order filed on the individual or if the individual has ever filed one on another individual, significant information can be gleaned regarding history of domestic violence and/or relationship conflicts. This would have been beneficial information in one county, when a child had been placed with a couple that had a history of Protection Orders against each other involving serious allegations.

Response: DCS has contacted ISP to see if there is a statewide PPO registry that DCS could access through the JTAC computer system as a systemic approach to verification in addition to including a question on the foster parent/adoptive parent application. A meeting will be scheduled in the next month to discuss options.

Recommendation #8: It has come to the attention of this office as a result of several case reviews that there may be some confusion among DCS staff as to what constitutes an interview of a child as opposed to contact with a child, and which is required under what circumstance. While the manual states it is required that all children be interviewed during an Assessment, it is not clear what constitutes an interview. For instance, some FCMs check off that they have completed the required contact with the child, yet in the narrative section of the form it appears the child was merely observed and/or the verbal exchange that occurred could not be described as an interview. Thus the contact has been made, but the child was not actually interviewed. Children of a young age or limited abilities are naturally excluded from being interviewed. A forensic interview completed at an Advocacy Center is also another kind of interview. Therefore it is recommended DCS provide additional guidance about when a child needs to be interviewed, the conditions (alone/with others) and when, if ever, it is acceptable to just observe the child excluding those that are too young or incapable of being interviewed. It is the opinion of this office that all children should be interviewed individually regardless of the allegations and that merely observing the child is not best practice for conducting a thorough assessment. It is also noted that sometimes the non-custodial parent is contacted during an Assessment and other times he/she is not. This office continues to receive complaints from non-custodial parents about DCS failing to contact during an Assessment. It is further recommended DCS consider making the non-custodial parent a required contact and/or developing further guidance around this issue, particularly in cases of removal.

Response: A policy revision clarifying what constitutes an interview as opposed to a contact as well as guidance related to when each is appropriate has been drafted with an anticipated release date of January 2012. It is noted the entire Chapter 4 on Assessments has been recently revised to include this recommendation and guidance about interviewing the non-custodial parent, among other important revisions.

Recommendation #9: As a result of a complaint reviewed by this office regarding the Independent Living (IL) program, questions about policy issues were generated. These questions involved how to provide appropriate guidance as an IL Coordinator to an adolescent who insists on making a decision that may have consequences he/she cannot anticipate. This involves such topics as adolescent/young adult decision making abilities and how to factor in the young person's accountability regarding decisions made under the guidance of the program. It is recommended DCS review the referenced report to generate discussion among those persons developing policy for the Independent Living Program and consider developing guidance to address these issues.

Response: These recommendations have been shared with the DCS policy and IL staff to consider. Recent studies of adolescent brain functioning may be further reviewed for background. Improving teenagers' decision making abilities is indeed challenging. In addition IL teams have been developed for each young person receiving IL services to assist with decision making. In the specific case referenced it is noted the young person who was the subject of an ombudsman complaint has been reengaged in services to resolve the issues in the complaint.

Recommendation #10: The DCS Ombudsman Bureau received a number of complaints from relatives regarding clarification about what resources were available to them initially when a child is placed with them. DCS concurred that clarity regarding this issue was warranted and a policy revision was already in the works. As a result DCS revised Policy 4.24 regarding financial assistance to unlicensed relatives. The fact that the implementation of this policy requires additional steps that are unfamiliar to staff, further details outlining the responsibilities for implementation would be helpful. It is recommended DCS develop a plan for ensuring consistent implementation of this policy, as well as further clarity regarding the role of the Assessment and Ongoing workers in this process.

Response: *Pending*

Recommendation #11: Various agencies have access to INSPECT, which is a pharmaceutical database that provides information about the dispersion of prescription medication. DCS access to INSPECT could be very beneficial information when assessing a family with prescription medication abuse issues. It is recommended DCS explore the possibility of gaining access to this information.

Response: *Pending*

Recommendation #12: DCS has recently created a clinical unit to assist FCMs with issues that require a mental health consultation. As the unit is new and policies are yet to be developed, it is recommended DCS give consideration for the clinicians to have a role in providing guidance to FCMs on substance abuse cases to address issues such as: when/how and what kind of drug testing provides the desired information, effectiveness of treatment, how to merge an addict's road and timetable to recovery with the CHINS timetable, and successful relapse prevention plans. It is also recommended this unit provide a similar role in cases involving parents with significant mental health issues.

Response: *Pending*

Recommendation # 13: With the revision of Assessment Chapter 4, this office is interested in reviewing cases regarding the implementation of the new policies and resulting effectiveness. This revision was considered critical, as over time the nature of the Assessment can be influenced by legislative and programmatic changes, creating the need for continuous evaluation to ensure the effectiveness of the process. The law requiring parental permission to interview children and the creation of child advocacy centers are two such examples of the type of changes that can influence the evolution of the assessment process. It is important for DCS to acquire a process and skill set that not only utilizes all the available tools to assist with accurate assessments, but also encourages staff to explore all leads and information that can assist with the determination of findings. The quality of the Assessment phase of the Child Welfare Program is reflected in the department's ability to protect children and in the ability to determine the most appropriate case plan from the outset. It is recommended DCS designate appropriate staff to meet with the ombudsman to explore such Assessment issues/concerns in more detail.

Response: *Pending*

Looking Forward

Consumer Service Standards

Although the DCS Ombudsman Bureau is small, the office offers a high standard of service to the consumer and DCS. As noted in the body of this report the number of Information and Referral Inquiries increased by 41% during 2011 and the number of cases opened decreased. This statistic indicates that many of the complainant’s issues are being resolved at the point of initial inquiry. As many of the persons initiating an inquiry to the Bureau are distraught, it is important to convey that their concerns are being heard, even if the Bureau is unable to provide the remedy they are seeking. Frequently callers express appreciation for the time the Assistant takes to answer questions, explain DCS processes or to ensure they are able to make contact with the appropriate DCS staff person. It is our goal to continue to provide a supportive response to complainants within 24 business hours on all telephone and email inquiries. Those filing a formal complaint will receive a confirmation of the complaint within 24 business hours, and we will continue to work toward completing Reviews within 30 to 60 days and Investigations within 60 to 90 days.

Positive Trends

During 2012 the ombudsman will incorporate positive findings into the feedback to the local offices following a review or investigation, as it is equally as important to affirm good practice and outcomes. During 2010/2011 this office has made observations about trends in relative placements and the utilization of Child and Family Teams. Relative placements appeared to be on the increase, and complainants who were relatives appeared to be aware of the DCS initiative to place children with relatives. It also appeared that the utilization of Child Family Team Meetings was occurring on an increasing basis and becoming an accepted case management practice. The DCS reports below confirm these observations.

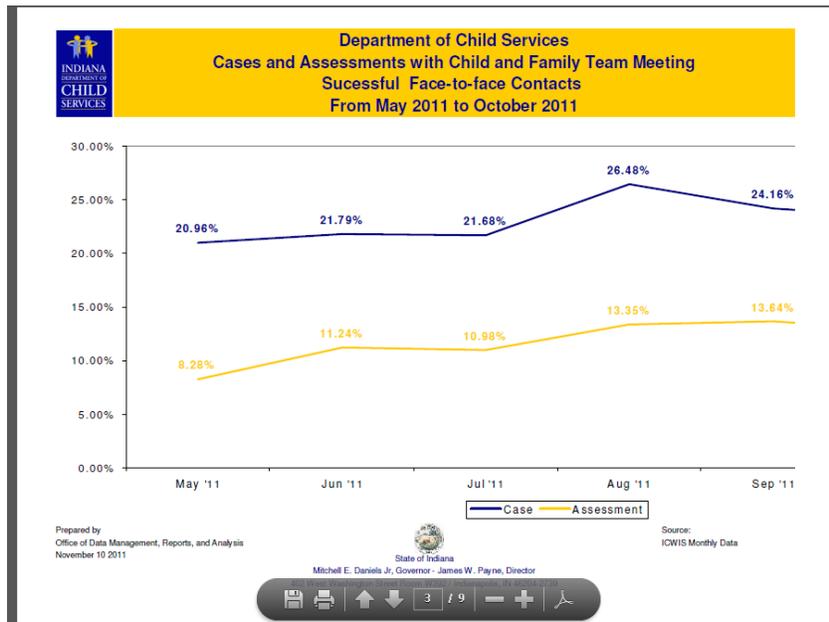
Placement Information by Number of Children

| Date | Total CHINS | Own Home | Relative Home | Foster Homes | Residential Homes | Other |
|----------|-------------|----------|---------------|--------------|-------------------|-------|
| Oct 2011 | 13,051 | 3,966 | 3,470 | 4,689 | 747 | 179 |
| Jun 2005 | 12235 | 2773 | 1840 | 5404 | 1555 | 663 |

| | | | | | | |
|----------------|------|-------|-------|--------|--------|--------|
| Change | 816 | 1,193 | 1,630 | -715 | -808 | -484 |
| Percent Change | 6.7% | 43.0% | 88.6% | -13.2% | -52.0% | -73.0% |

Child and Family Team Meetings (CFTM)

When DCS began tracking the CFTMs during Feb 2009, they occurred at 13.6% on Cases and 8.93% on Assessments. Two years ago in January 2010 they occurred at 16.87% on Cases and 9.38% on Assessments. In January 2011 they were at 20.05% and 9.59%. The chart below reveals a gradual trending upward.



DCS Receives Recognition

During 2011 DCS was recognized for outstanding performance by the Casey Family Programs. The Indiana Department of Child Services (DCS) has been awarded one of four Casey Family Programs "Excellence in Leadership" awards for 2011. This annual award is presented to those involved in child welfare who have dedicated themselves to improving the lives of children and families. The reforms implemented in the Department have improved the Agency's outcomes by safely decreasing the number of children in foster and congregate care and increasing the number of children in care who achieve permanency.

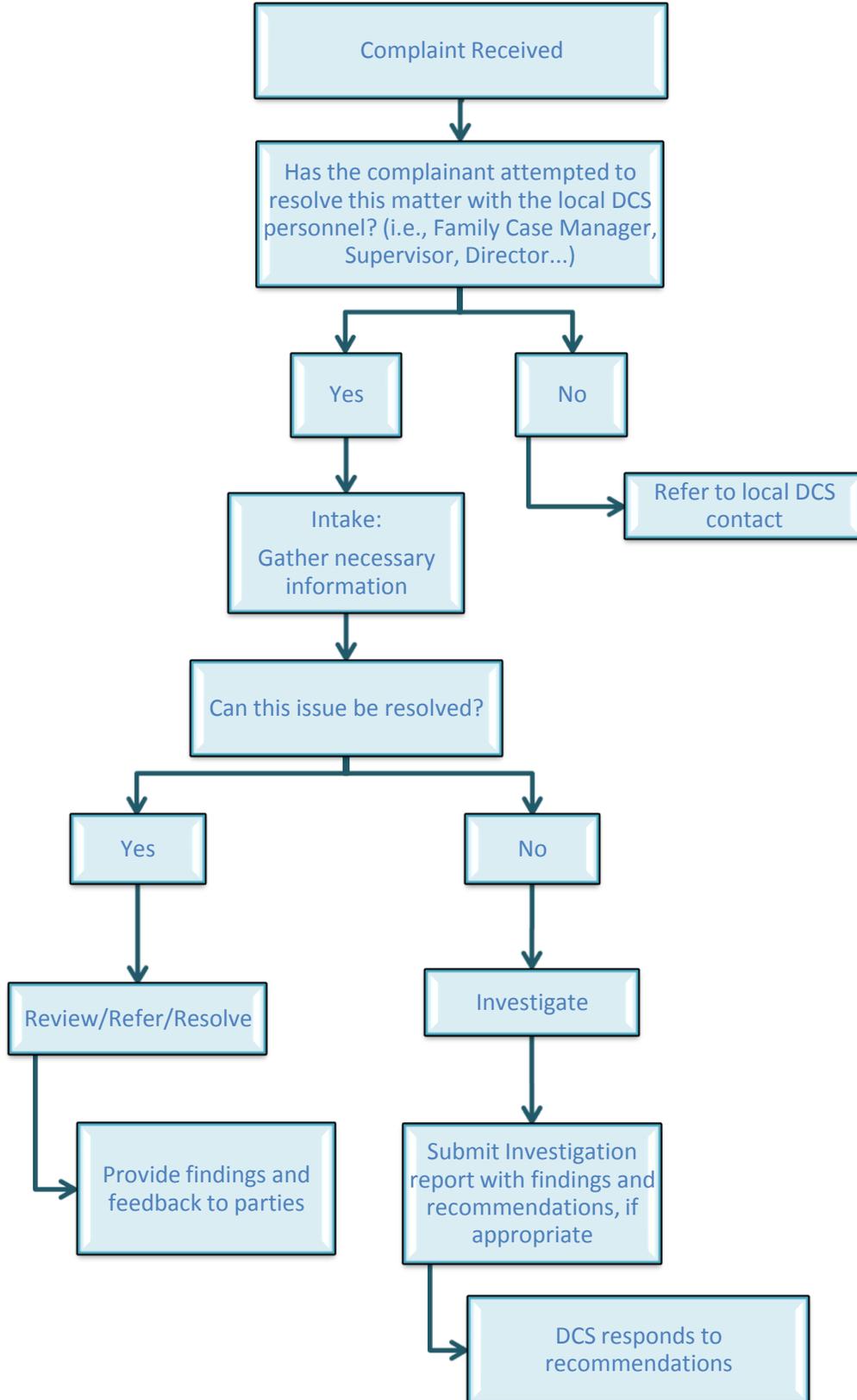
Acknowledgements

The collaborative working relationship that has been forged between DCS and this office and the many courtesies Director Payne and his staff have extended are gratefully acknowledged. The Local Office Directors have been particularly instrumental in ensuring that all requested information is made available for ombudsman reviews and investigations. Executive staff has provided thoughtful and timely responses to ombudsman recommendations and have been available for discussions on policy/practices. While we still have work to do, the Department's commitment to improved outcomes for children and families involved in Indiana's child welfare system is recognized and shared by the Bureau.

ATTACHMENTS

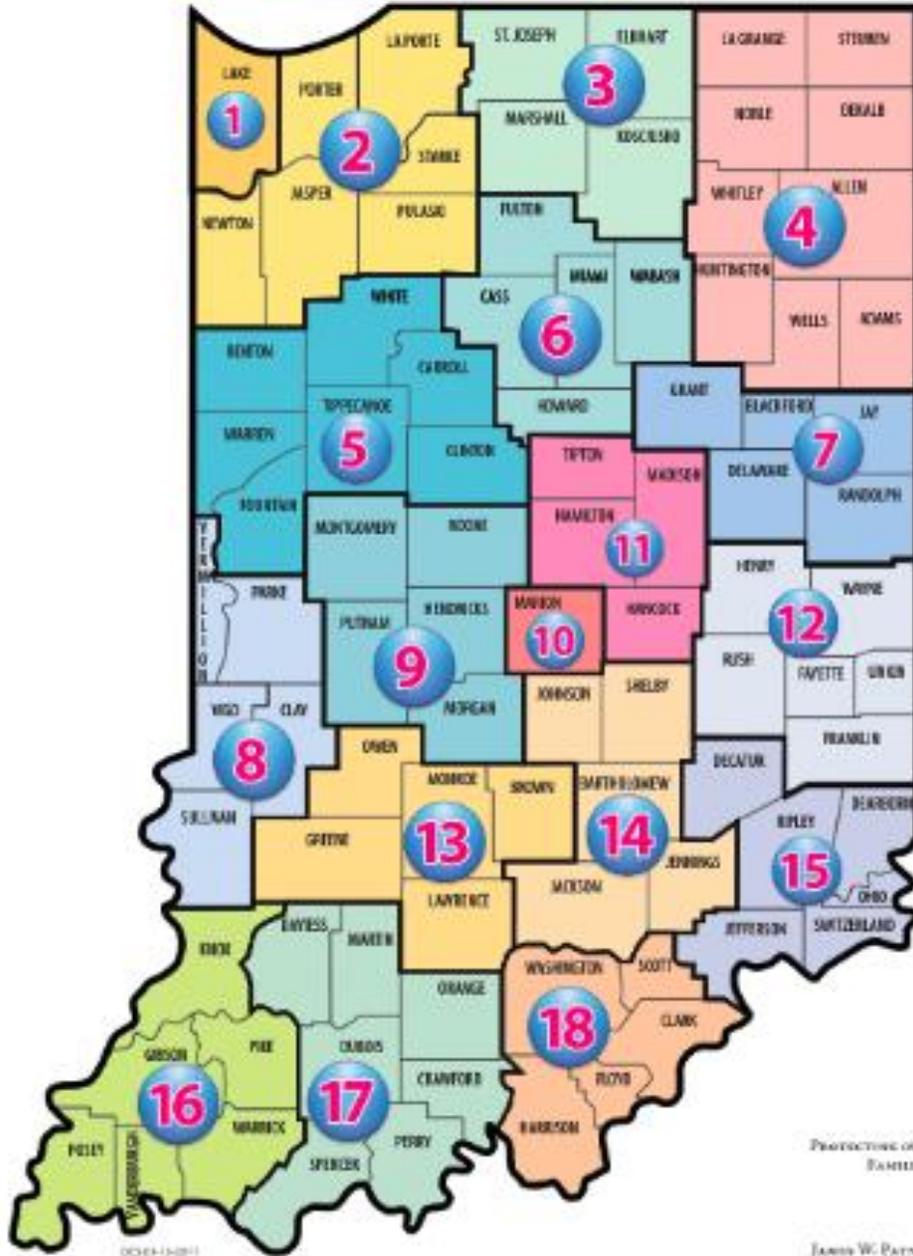
Attachment A

How We Work



Attachment B

Indiana Department of Child Services Regional Map



Protecting our Children,
Ensuring a Future.

JAMES W. PATNE, Director



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